

STATE OF MONTANA
Department of Public Health and Human Services
Quality Assurance Division
2401 Colonial Drive, 2nd Floor PO Box 202953 HELENA, MT 59620-2953

LICENSE APPLICATION/RENEWAL REQUEST
FOR COMMUNITY HOMES FOR PERSONS WITH DEVELOPMENTAL OR PHYSICAL DISABILITIES

Name of Corporation

Name of Community Home

Corporation Mailing Address

Community Home Address

City/Town State Zip Code

City/Town State Zip Code

Corporation Telephone

Community Home Telephone

Executive Director

Community Home Manager

License Application is for (check one):

- () Community Home for Persons with Developmental Disabilities
() Community Home for Persons with Physical Disabilities

PROVIDER: PLEASE CHECK “√” IF ITEM IS ENCLOSED WITH THIS APPLICATION OR WRITE IN THE DATE WHEN THE ITEM HAS BEEN OR WILL BE SENT TO THE DEPARTMENT.

Date or ✓ New Applicant		Date or ✓ Renewal Applicant	
	Requested Fire Marshal Inspection or date obtained approval/certification		Requested Fire Marshal inspection or date obtained approval/certification
	Requested Sanitarian Inspection or date obtained approval/certification		Requested Sanitarian Inspection or date obtained certification/approval
	Articles of Incorporation, Bylaws or Letter from Sponsoring Board		Major changes to Articles of Incorporation,
	Organizational Chart;		<i>Changes to:</i> Organizational Chart;
	Job Descriptions(each group home staff);		Job Descriptions;
	Personnel and Program Policies; and		Personnel or Program Policies; or
	Grievance Procedures (for staff)		Grievance Procedures
	Grievance Procedures (for residents)		
	Board structure and composition with names, addresses and terms of membership		Board structure and composition with names, addresses, and terms of membership
	Plan for Orientation/Training of Staff		